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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 B. WING 01/21/2015 HAL060001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2801 CARMEL ROAD CARMEL HILLS CHARLOTTE, NC 28226 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRPPIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 000 C 000 Initial Comments 2/11/2015 This is a Report of a Blennial Construction Survey This deficiency report was received by Carmel conducted by Greg Cates and Billy Bryant on Hills Monday, February 9, 2015. January 21, 2015. In accordance with Rule/Statutory reference: Based on our records, this facility was first Section .0300-Physical Plant licensed or submitted on or about June 9, 1983 10A NCAC 13F .0311 Other Requirements: as a Home for the Aged for Thirty-Eight (38) Beds. Based on the above information, we are a) The building and all fire safety, requiring the facility to conform to the 1977 electrical, mechanical, and plumbing Minimum Standards and Regulations for Homes equipment in an Adult Care Home shall for the Aged and Infirm; the applicable portions of be maintained in a safe and operating the 2005 Rules for Licensing of Adult Care condition. Homes of Seven or More Beds, and the 1978 Edition of the North Carolina Building Code, Plan of correction is as follows: Section 409- Institutional Occupancy. Item 1) a) All emergency lights have been repaired or replaced to properly illuminate on C 189 C 189 Building Equipment Maintained Safe, Operating battery power. These include: 1-Small Dining Room SECTION .0300 - PHYSICAL PLANT 2-Living Room 10A NCAC 13F .0311 OTHER 3-Large Dining Room REQUIREMENTS 4-Corridor outside the Salon (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult All repairs and /or replacements were care home shall be maintained in a safe and completed by Tuesday, February 10, operating condition. 2015. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) ы. Discussion and correct procedure for which shall not apply to existing facilities. testing battery power & bulbs were emphasized to appropriate maintenance personnel. This Rule is not met as evidenced by: 1- Based on observations, the facility failed to III. Random monthly checks of all ensure that the fire safety, electrical, mechanical, emergency lighting will be made to and plumbing systems are maintained safe and assure compliance. operating. Findings include: Page I of 3 a. Several of the emergency lights do not illuminate on battery power. Locations include but Division of Health Service Regulation (XX) DATE TIYLE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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If continuation sheet 1 of 2

CONSTRUCTION SECTION

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED							
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED							
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		HAL060001	B. WING		01/	21/2015						
	DOCUMEN OF SUPPLIED	ermer an	DDESS CITY	STATE ZIP CODE								
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2801 CARMEL ROAD												
CARMEL HILLS CHARLOTTE, NC 28226												
(X4) ID	X4) ID SUMMARY STATEMENT OF DEFICIENCIES REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL		COMPLETE						
			TAG	CROSS-REFERENCED TO THE APPROI	RIATE	DATE						
				DEFICIENCY)								
C 189	Continued From page 1		C 189									
0 100	Continued From page 1		0.00	Item 1) b) GFCI receptacle beside bar sin								
	are not limited to:			Large Dining Room does now trip when t								
	1- Small Dining	Room		and tester does not display an open grou	nd.							
	2- Living Room			All repairs and /or replacement	v were							
		Room (One Bulb burnt out)		completed by Tuesday, January		1 !						
	 4- Corridor outside the Salon (One bulb bumt 			2015.	27,	1 1						
	out)	and a few states when he are afterly for when		2025.								
		acle beside the bar sink in the		II. The facility will make a thoroug	h							
İ	the tester displays a	does not trip when tested and		inspection any time an electrical		1 1						
	the tester displays a	n open ground.		socket is replaced to assure		1						
	2. Bared on observe	ations the facility failed to		compliance.								
j	Based on observations, the facility failed to ensure that the one-hour rating of the ceiling was											
)	maintained.	rical raining of the souning tree		Item 2) a) All repairs in basement where		1						
1	mamamos.			were several unprotected penetrations b		1						
	Findings include:			conducts in the one-hour rated ceiling ab HVAC unit have been completed. These a		l J						
				were filled using four hour fire rated caul								
	a- In the Shop located in the basement, there are			Well times as ing least their time rates case		1						
		penetrations by conduits in		 All repairs and /or replacement 	were							
1	the one-hour rated ceiling above the HVAC unit. b- In the Shop located in the basement, there are			completed by Wednesday, Febr								
				2015.		- 1						
		penetrations by piping in the			.	- 1						
-	one-hour rated ceilin	g above the water heater.		 A thorough inspection will be m 		- 1						
-	o Basedon et ale	None the feether felled to		any time an HVAC system is rep	aced i	- 1						
		itions, the facility failed to		to assure compliance.								
		ing is safe by not maintaining building components.		Item 2] b) All repairs in the basement who	re							
	the me resistance of	parally components.		there was several unprotected penetratio								
	Findings include:	l l		piping in the one-hour rated ceiling above		- 1						
	i indingo incidad.	1		water heater have been completed. These		- 1						
ĺ	a- The corridor door	to Room 123 does not close	- 1	were filled using four hour fire rated cault	ing.	1						
1	completely and latch	due to the carpet transition				1						
	strip stopping the doc	or before it will latch.		All repairs and /or replacements								
		Room, there is a table		completed by Wednesday, Febr 2015.	uary 4,	- 1						
		corridor door cannot be		II. A thorough inspection will be m	ade	f						
		eficiency was corrected at		any time a water heater is repla								
	the time of the survey	9)		assure compliance.								
ĺ		ı		•		1						
				- Pag	e 2 of 3	- 1						
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Division	of Health Service Re	egulation									
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLÍA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED						
		HAL060001	8, WINS		01/21/2015						
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE							
2801 CARMEL ROAD											
CARMEL HILLS CHARLOTTE, NC 28226											
(X4) ID PREPIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PAEFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(XS) COMPLETE DATE					
				Item 3) a) All repairs to ensure that the is safe and maintenance of the fire resist all building components has been done. Carpet was cut back and the carpet transistrip was repositioned so that the door for 123 will shut properly and latch. I. All repairs were completed by Wednesday, February 11, 2015 III. A thorough inspection will be many time carpet is replaced to a compliance. Item 3) b) The position of a table was morthat the corridor door to the Small Dining will close properly. I. This deficiency was corrected at time the survey, January 21, 203 III. To assure compliance, a door strinstalled in the floor so that in the future the door cannot be folder against the wall and be blocked table. III. All repairs were completed by Wednesday, February 11, 2015. Sign: Loka C Para 25 Para 27 Date: 2 (11/2015	ance of The Ition or room hade ssure ved so Room the is op was he						
vision of Heal	th Service Regulation	SUPPLIER REPRESENTATIVE'S SIGNAT	URE	YITLE	(X0E)	DATE					

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